

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

KRZYSZTOF WRZESINSKI, ) CIVIL ACTION  
Plaintiff, )  
 )  
 )  
v. )  
 )  
 )  
THE UNITED STATES OF AMERICA, ) NO. 22-cv-03568  
Defendant )

**AFFIDAVIT OF SERVICE OF SUMMONS AND COMPLAINT**

I, Joseph R. Viola, Esquire, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that I am the attorney of record for the Plaintiff herein and that I caused a true and correct copy of the Summons and Complaint in the above-captioned matter to be served upon the Defendant The United States of America by serving same on (1) the United States Attorney's Office for the Eastern District of Pennsylvania, Civil Division, and (2) the Attorney General of the United States, in care of the Assistant Attorney for Administration, Justice Management Division, U.S. Department of Justice, by certified first class mail, postage prepaid, return receipt requested addressed as follows:

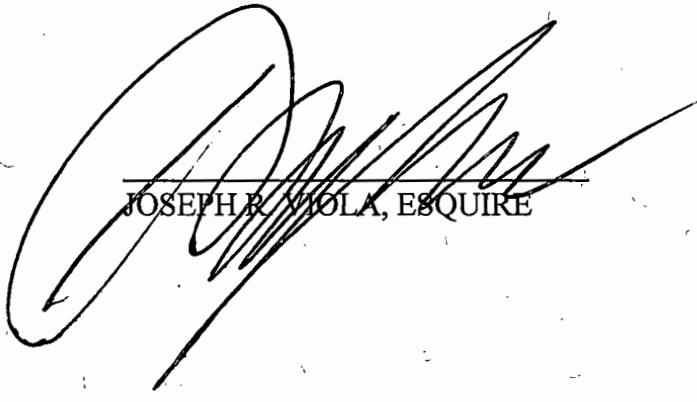
U.S. Attorney's Office  
Eastern District of Pennsylvania  
Civil Division  
615 Chestnut Street, Suite 1250  
Philadelphia, PA 19106

Assistant Attorney for Administration  
Justice Management Division  
U.S. Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

This method of service is in compliance with Fed. R. Civ. P. 4(i)(1)(A)(ii) and 4(i)(1)(B), respectively. True and correct copies of both sides of each United States Postal Service

Domestic Return Receipts (PS Form 3811) indicating receipt by the Defendant of the Summons and Complaint are attached hereto as Exhibits "A" and "B," respectively.

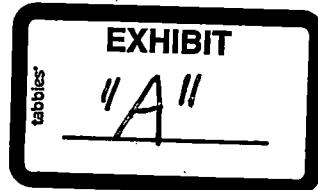
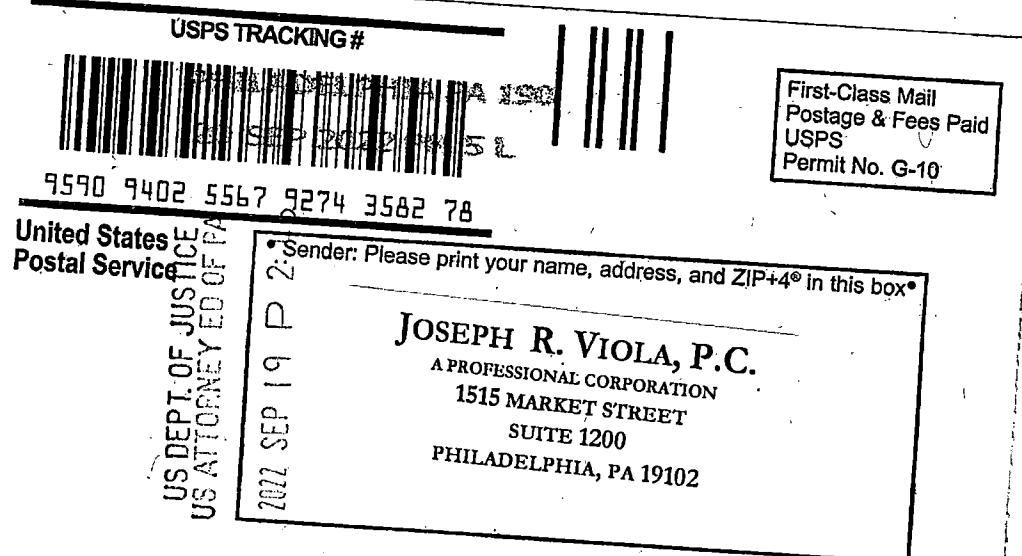
I declare under penalty of perjury that the foregoing is true and correct. Executed on September 28, 2022.



JOSEPH R. VIOLA, ESQUIRE

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <b>X</b></p> <p>B. Received by (Printed Name) <b>U.S. DEPT. OF JUSTICE</b></p> <p>C. Date of Delivery <b>SEP 19 2012</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:  <b>U.S. Attorney's Office Eastern District of Pennsylvania Civil Division 615 Chestnut Street, Suite 1250 Philadelphia, PA 19106</b></p> <p>  <b>9590 9402 5567 9274 3582 78</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)  <b>7020 2450 0000 7773 5780</b></p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

Domestic Return Receipt



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Assistant Attorney for Administration  
 Justice Management Division  
 U.S. Department of Justice  
 950 Pennsylvania Avenue, NW  
 Washington, DC 20530-0001



9590 9402 5567 9274 3582 61

**2. Article Number. (Transfer from service label)**

0 2450 0000 7773 5797

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic

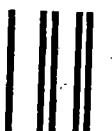
**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X****B. Received by (Printed Name)**

D. Is delivery address same as item 1  
 If YES, enter delivery address below:

SEP 18 2022

**3. Service Type**

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Return Merchandise
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature
<input type="checkbox"/> Mailed Mail	<input type="checkbox"/> Signature Restricted Delivery
<input type="checkbox"/> Mailed Mail Restricted Delivery (over \$500)	

**USPS TRACKING #**

First-Class Mail  
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 USPS  
 Permit No. G-10

9402 5567 9274 3582 61

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vice

• Sender: Please print your name, address, and ZIP+4® in this box.

**JOSEPH R. VIOLA, P.C.**  
 A PROFESSIONAL CORPORATION  
 1515 MARKET STREET  
 SUITE 1200  
 PHILADELPHIA, PA 19102

